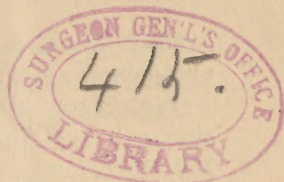


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ENLARGEMENT  
OF  
SUBCUTANEOUS LYMPHATIC GLANDS  
IN  
TERTIARY SYPHILIS.

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Enlargement of the lymphatic glands in tertiary syphilis may concern either the superficial or, more frequently, the deep ganglia. When it affects the superficial glands, those of the neck and of the groin are usually attacked.\*

The importance of remembering syphilis as a cause of chronic glandular enlargement cannot be overestimated, as it may simulate Hodgkin's disease so closely as to defy all attempts at a differential diagnosis except by the results of treatment, and in the meanwhile valuable time may be lost. A syphilitic history, which might be expected to help in reaching a conclusion, very often leaves us in the lurch, as the primary and secondary lesions may have been so slight or have occurred so long before as to have escaped either the patient's observation or memory. Hodgkin's disease is very fatal, and its medical treatment consists in the administration of large doses of arsenic; tertiary syphilitic enlargement of the lymphatic glands, although perhaps not so fatal, still aids in bringing on the cachexia, and its treatment consists in the administration of large doses of iodide of potash, sometimes very large doses, and for long periods of time, for these enlargements are not among those syphilomas that are easily absorbed.

\*E. LANCERAUX. *Traite d'Anatomie Pathologique. Tome Deuxieme*, page 526.

The following is an instance of the syphilitic variety of glandular enlargements:

On November 12th, 1889, Rudolph L.; a German; age thirty-one; a baker; came to my department of the San Francisco Polyclinic, giving the following history: His parents are still alive and healthy, and he has a brother and sister both healthy. No tuberculosis in the family. At twenty-one years of age, that is ten years before I saw him, he acquired a sore on the penis, which appeared about two weeks after exposure. He was then treated for syphilis, and did not notice any secondary symptoms. Five years afterwards, swellings, similar to those he had when he came under my care, appeared on both sides of the neck, which went away in about two weeks under anti-syphilitic treatment. Again swellings appeared in both armpits, about three years ago, which were also successfully treated antisyphilitically. He could not say what drug had been used either time, but to both medical men he had given the same history, and he said they had treated him for syphilis with good results.

The swellings began again in the neck about five months ago. About two months ago he had malarial fever in Portland, Oregon.

He was pale, but he said he had always been so, and there was no marked palor of the mucous membranes; he was weak, but fairly well nourished. There was a large, oval, subcutaneous tumor, flattened from before backwards, extending from about two inches above the left clavicle, to about the same distance below it. Dulness on percussion over the left apex was caused by the tumor, for, later on, when the tumor disappeared, resonance became normal. One enlarged gland could be felt above the right clavicle, which, on being pressed, gave rise to pain in the right axilla, probably from impinging on one of the cervical plexus of nerves. The glands in both axillæ were much enlarged, some being as big as a pigeon egg. The increase in size was most marked in the left armpit. Sigmund's gland on the right side was enlarged, and there was some induration and swelling of the glands in both groins.

All the tumors were freely movable, with the exception of the very large one on the left side of the neck extending down over the chest. All were firm. The only tumor painful on pressure was that over the right clavicle, and there the pain was not at the point of pressure, but in the axilla. There were some hy-



peræmic patches on the skin; one about the size of a silver dollar, just above the line of liver dulness on the right side, had a play of colors between bright red at the periphery through purple to blue in the center, with slight desquamation. A similar patch was beginning to appear on the left side of the chest, and there was a slight hyperæmia over the large tumor on the left side of the neck—this hyperæmia did not strike one as that over a point of suppuration, but was a slight diffuse, even redness. Just above the hyperæmic patch on the right side of the chest, there was a firm, freely movable, painless gland, or subcutaneous gumma about the size of a bean. There were also some small desquamating patches on the back between the shoulders, which looked a little like patches of psoriasis. In no instance was the skin attached to the tumor beneath. There was no noticeable increase of white blood corpuscles, and the red blood corpuscles were regular in shape and size. The urine was normal. There was no demonstrable enlargement of the spleen, and no pain or tenderness of the bones. There were no indications of enlargement of the deep glands either of the abdomen or of the thorax. On account of the insurmountable difficulty of making a diagnosis between Hodgkin's disease and tertiary syphilitic enlargement of the subcutaneous lymphatic glands, also of the history of what was probably an infecting sore, although no history of secondary symptoms could be elicited, and the previous good results on two separate occasions, of antisymphilitic treatment, it was decided to put the patient upon large doses of iodide of potash, long continued. The hyperæmic patches were simply painted with ichthyol, from which, of course, no result was expected, and internally we began with five grains of iodide of potash three times a day, increasing one grain each dose. In two days I saw the patient again, and the outlook was not very reassuring, for a new gland was discovered above the left clavicle, also the epitrochlear gland on the left side began to swell; and in a week, although he felt stronger, another tumor was discovered in front of the left sterno-cleido muscle, at the level of the angle of the jaw. It is worthy of note, that during the rapid increase in the size of the glands, there was no elevation of temperature. He was now taking eighteen grains of iodide of potash three times daily. About the end of the first month's treatment while he was taking one hundred and five grains of iodide of potash a day, im-

provement set in rapidly; all the glands decreased in size, and the large tumor on the left side of the neck and the hyperæmic and scaley patches on the skin disappeared entirely. He began to suffer somewhat from the effects of the drug, and as the pressing indications for treatment were past, the dose was reduced.

Since then the amount of iodide of potash has been increased and decreased several times, and intermissions of one or two weeks made in the treatment when thought advisable.

On December 9th, 1890, thirteen months after commencing treatment, he was in good health, and only two small glands were demonstrable, one about the size of a pea, round and hard, could be felt in the left axilla; the other, the right epitrochlear, was a little larger, and soft. His skin was free of all eruption, with the exception of a little acne between the shoulders.

Jonathan Hutchinson recently in discussing a similar case reported by McCall Anderson, in his work on Syphilitic Affections of the Nervous System, objects to considering them syphilitic simply because the tumors disappeared on the exhibition of large doses of iodide of potash, for the reason, as he truly remarks, that this drug first won its place in our estimation by its success in reducing glandular enlargements, and was not used for syphilis till long after.\* But might not reasoning like the following hold equally well, that the glandular swellings which it was found to reduce were syphilitic, non-syphilitic glandular enlargements not budging under its influence? It made little matter whether the correct diagnosis were made, as long as the correct drug was used. Additional weight is given to this side of the argument by the views expressed in an able paper read by von Esmarch before the German Surgical Congress of 1889. According to him a large number of tumors which are diagnosed and extirpated as sarcomas, are really syphilomas, and can be cured by a well directed treatment without which they run a markedly malignant course, returning *in loco*, and appearing to give rise to metastases. He even says all sarcomas may be the expression of syphilitic taint, one of the principal effects of luetic virus being connective tissue overgrowth.†

\* *Archives of Surgery*, July, 1889, page 73.

† FRIED. VON ESMARCH. Ueber die Ätiologie und die Diagnose der bösartigen geschwulste, insbesondere derjenigen der Zunge und der Lippen. *Centralblatt für Chirurgie*, 1889, No. 29.